

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006019

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 257

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 13 1963

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **SPRINGFIELD**

Length of stay in 1b
50 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **ST. JOHN'S HOSP.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **GREENE**

c. CITY
OR
TOWN **SPRINGFIELD**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS **2227 S. MARLAN**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
FRANK S. HEFFERNAN

4. DATE
OF
DEATH Month Day Year
MARCH 5 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/21/12

9. AGE (last birthday)

50

IF UNDER 1 YEAR IF UNDER 24 Hrs.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

SPRINGFIELD, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

TALMA S. HEFFERNAN

13b. MOTHER'S MAIDEN NAME

AGNES HANRATTY

PAULINE HEFFERNAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)
YES

(If yes, give war or dates of serv)
W.W. # 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

PAULINE HEFFERNAN, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Standstill

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute Myocardial Infarction

DUE TO (c)

Coronary Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **3-4-63** to **3-5-63** and last saw her alive on **3-5-63**
Death occurred at **7:55 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

Dr. Waterfield MD

22b. ADDRESS

Springfield Mo

22c. DATE SIGNED

6 Feb 63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE
3/8/63

23c. NAME OF CEMETERY OR CREMATORY
NATIONAL CEMETERY

23d. LOCATION (City, town, or county)
SPRINGFIELD, MO.

(State)

24. FUNERAL DIRECTOR
ADDRESS
**H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.**

25. DATE RECD. BY LOCAL REG.
3-12-63

26. REGISTRAR'S SIGNATURE
Effie S. Meehan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAR 14 1963

MAR 19 1963

Permit 3-7-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lucian T. Swadley

Licensed Embalmer No. 4815

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.